

CLAIMS ONLY							Application Number		Filing Date			
							10665425					
							Applicant(s)					
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	I						51					
2	J						52					
3	I						53					
4	I						54					
5	I						55					
6	I						..					
7	I						56					
8	I						57					
9	I						58					
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44							93					
45							94					
46							95					
47							96					
48							97					
49							98					
50							99					
Total Indep	5						100					
Total Depend	14						Total Indep					
Claims	19						Total Depend					
							14					